

**Written Statement for the Record
American Nurses Association
“Examining the Medicare Physician Fee Schedule, MACRA,
and Opportunities for Payment Reforms”
U.S. House Energy and Commerce Health Subcommittee**

May 20, 2026

The American Nurses Association (ANA) applauds the House Energy and Commerce Health Subcommittee for convening this hearing to examine ongoing implementation of the *Medicare Access and CHIP Reauthorization Act* (MACRA), ongoing challenges with the Medicare physician fee schedule, and opportunities to modernize our Medicare payment system. We are pleased to share the nursing perspective that is vital to policy discussions about ensuring Americans have access to timely, high-quality care. Nurses are central to care coordination, chronic disease management, prevention, and patient education—services that improve health outcomes while reigning in healthcare spending. As the subcommittee considers Medicare payment reforms, ANA urges consideration of legislative solutions that modernize nurse reimbursement, promote APRN-led models of care, and remove outdated barriers that make it difficult for advanced practice registered nurses (APRNs) to participate and apply innovative approaches to delivering care to patients across healthcare settings.

ANA is the premier organization representing the interests of the nation’s over five million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating for healthcare issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Our nurses serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of healthcare settings.

Modernize Nurse Reimbursement to Better Reflect Value Delivered to Patients

Current Medicare payment policies reimburse many APRNs at 85% of the rate of physicians for performing the same work and delivering comparable patient outcomes as their physician colleagues. Consequently, and despite their ever-increasing role in our healthcare system, APRNs are often reimbursed at rates that do not reflect the cost of delivering care. As the subcommittee considers sensible improvements to Medicare clinician reimbursement, Medicare should be reformed to ensure that APRNs and other

clinicians are reimbursed on par with their physician colleagues for providing the same types and quality of healthcare services.

Separately, current law also does not allow RNs to be reimbursed directly by Medicare for the services they provide, despite doing much of the work that is reimbursed to their collaborating physicians and facilities. Given their inability to directly bring in revenue, facilities treat RNs as an expense and consequently hire and retain as few nurses on staff as possible. ANA urges Congress to work with the nursing community to develop and pass legislation implementing innovative reimbursement approaches that better reflect the value and contributions of RNs to our healthcare system

Remove “Incident To” Billing

Another outdated Medicare policy that undermines transparency and efficiency is the continued use of “incident to” billing. Under this practice, services rendered by APRNs and other NPPs are often billed under a physician’s National Provider Identifier (NPI) and are reimbursed at 100 percent of the physician fee schedule rather than the 85 percent rate typically paid when many NPPs bill directly. This policy does not align with modern, team-based care models in which APRNs frequently lead care coordination and primary care services. It also obscures the contributions of the broader nursing workforce, as services delivered by APRNs and RNs are often captured under physician NPIs, making it difficult to measure the full value of nursing care and understand how care is delivered across the system.

In fact, the Medicare Payment Advisory Commission (MedPAC) has recommended eliminating “incident to” billing and concluded that doing so would not change the quality of care delivered to Medicare beneficiaries.¹ Ending this practice would reduce costs and improve transparency in Medicare claims, ensure services are accurately attributed to the clinicians who provide them, and support broader efforts by CMS to reduce waste, fraud, and unnecessary spending within the Medicare program. At a minimum, ANA recommends that Congress explore transparency measures surrounding incident to billing to inform congressional and agency efforts to better understand which clinicians are actually performing services.

Adopt Nurse-Led Models of Care

ANA encourages Congress to recognize the value and potential of nurse-led care models and the critical role that APRNs play in advancing team-based, patient-centered care. APRNs are highly trained clinicians who practice alongside physicians, lead innovation in

¹ [February 2019 MedPAC News](#)

care delivery, and bring unique insight into patient needs through their close relationships with patients. Models such as the Center for Medicare and Medicaid Innovation’s (CMMI) Comprehensive Primary Care (CPC/CPC+) and Primary Care First initiatives² demonstrated how APRNs can successfully serve as primary care clinicians, care coordinators, and practice leaders to improve access, manage chronic conditions, and drive care transformation, particularly in rural and medically underserved communities.

As the subcommittee considers reforms to the Merit-based Incentive Payment System (MIPS), it is essential that quality measurement and payment incentives fully reflect the contributions of nurses who serve on interdisciplinary care teams. APRNs are eligible clinicians under MIPS and report on measures related to chronic disease management, care coordination, preventive services, and advance care planning. Congress and the Centers for Medicare & Medicaid Services (CMS) should build on this foundation by supporting nurse-led quality programs and removing outdated practice, payer, and system-level barriers that Medicare places on APRNs that ultimately serve to limit patient choice, access to care, and competition. These barriers disproportionately affect rural and medically underserved communities, where physicians may be unavailable and APRNs often serve as the primary source of care.

Remove Outdated Barriers to Care for Medicare Beneficiaries

Patients increasingly depend on APRNs to provide them with timely, high-quality care, particularly in rural and medically underserved communities. Today, Medicare beneficiaries are increasingly receiving affordable, high-quality care from APRNs who have advanced degrees and extensive clinical training and expertise. NPs alone conduct more than one billion patient visits annually and are critical for access to primary care, representing just over 40% of the primary care workforce.³ Yet, Medicare policies continue to constrain APRN practice due to outdated statutory and regulatory barriers, such as unnecessary supervision requirements and payment restrictions for services provided to patients. Similar challenges persist in high-need specialties, such as mental health and substance use disorder treatments, HIV care, and obstetrics, where qualified APRNs are prevented from practicing at the top of their license despite clear evidence of their capacity to meet patient demand. These constraints run counter to modern healthcare delivery and reduce access to care, disrupt continuity of care, increase healthcare cost of care, and undermine quality improvement efforts.

² Centers for Medicare & Medicaid Services. (n.d.). *Comprehensive Primary Care Plus*. U.S. Department of Health & Human Services. Retrieved January 15, 2026, from <https://www.cms.gov/priorities/innovation/innovation-models/comprehensive-primary-care-plus>

³ [June 2022 MedPAC Report to Congress](#)

ANA was especially pleased to see CMS reward states that confer full practice authority to APRNs through the Rural Health Transformation Program (RHTP), which aims to support innovative care models that improve access to care and reduce healthcare costs in rural settings. Several states, including Indiana, Michigan, Vermont, Alaska, and Tennessee, declared their intention to confer full practice authority to APRNs as part of their application for RHTP funding.

Congress can build on this momentum by passing H.R. 1317, the bipartisan *Improving Care and Access to Nurses Act (ICAN Act)*, to permanently remove outdated barriers and ensure that Medicare and Medicaid beneficiaries have access to timely, high-quality, cost-effective care without altering any scope-of-practice laws. The legislation is supported by more than 240 organizations, including the National Rural Health Association, AARP, and LeadingAge. As such, ANA urges this subcommittee to consider and advance this legislation.

Last, ANA encourages the subcommittee to urge the Departments of Labor, Health and Human Services, and Treasury to promulgate strong regulations implementing Section 2706(a) of the Public Health Service Act, which bars discrimination based on provider type.⁴ This is critical for APRN practices who are often excluded from provider networks or face discriminatory reimbursement. Regulations must implement the law by explicitly barring all forms of discrimination, including with respect to value-based incentives.

Conclusion

In closing, the American people deserve access to timely, affordable, and high-quality healthcare from trusted nurse clinicians. To make this vision a reality, Congress must enact policies that fully utilize nurses and reflect their contributions to healthcare delivery through Medicare reimbursement reforms. ANA thanks the subcommittee for its leadership and for its willingness to consider our perspective on this critical issue. We stand ready to work with you to further examine the policy ideas that we pose today. Please contact Tim Nanof, ANA’s Executive Vice President for Policy and Government Affairs, at Tim.Nanof@ana.org with any questions.

⁴ 42 U.S.C. § 300gg-5 (2018). Retrieved from <https://www.govinfo.gov/link/uscode/42/300gg-5>